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OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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Robert Doar
Commissioner

Informational Letter

Section 1

Transmittal:	05-INF-13
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	July 1, 2005
Subject:	Revision to Food Stamp Benefits ABEL Budget Narratives (LDSS-3959, LDSS-3960 and LDSS-3961)
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Food Stamp Bureau - (518) 473-1469 Cash Assistance - (518) 474-9344 HEAP - (518) 473-0332 Metro Region - (212) 961-8207 WMS Questions: (518) 474-8749
Attachments:	Attachment - I LDSS-3959: Food Stamp Benefits Excess Net Income Narrative Attachment - II LDSS-3960: Food Stamp Benefits Excess Gross Income Narrative Attachment - III LDSS-3961: Food Stamp Benefits Budget Narrative
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
02 INF-41 96 INF-3		358-2.2(n) 358-3.3 (b) 387.20 (b)		FSSB Sec.7	

Section 2

05-INF-13
OTDA (Rev. 7/2005)

I. Purpose

The purpose of this release is to introduce the revised 5/05 versions of the Food Stamp Benefits ABEL Budget Narratives:

- LDSS-3959: "Food Stamp Benefits Excess Net Income Narrative"
- LDSS-3960: "Food Stamp Benefits Excess Gross Income Narrative"
- LDSS-3961: "Food Stamp Benefits Budget Narrative"

II. Background

As mandated by Department Regulations 358-2.2(n) and 358-3.3 (b), for those circumstances where the Client Notices System (CNS) is not used, Upstate local districts are required to provide a copy of the appropriate printed Food Stamp Benefits ABEL Budget Narrative to Food Stamp Benefits applicants or recipients whenever a copy of their Food Stamp Benefits ABEL budget is presented to them.

III. Program Implications

The primary revisions included in the 5/05 versions reflect any policy changes and updates since the previous revisions.

Listed below is a detailed summary of all the changes that were incorporated into these revisions.

LDSS-3959

Face:

- A. The revision date was changed on the face of the form to 5/05.
- B. The title of the form was changed to Food Stamp Benefits Excess Income Narrative.
- C. The computer screen facsimile was updated to reflect the most current version as seen in WMS.
- D. The third sentence in the first paragraph below the screen facsimile was changed to read:
THE "#" FIELD IS THE NUMBER OF PERSONS IN YOUR HOUSEHOLD WHO RECEIVE FOOD STAMP BENEFITS.
- E. The following information was added as the 2nd to last sentence in the first paragraph below the screen facsimile:
IF THERE IS A NUMBER IN THE "P" FIELD, IT IS THE NUMBER OF INDIVIDUALS ENROLLED IN A "MEDICARE" APPROVED PRESCRIPTION DRUG DISCOUNT PROGRAM.
- F. In "Section 3," the following sentence was added as the last sentence in the beginning paragraph:

The "HRS # 1 2 3" shows the total hours worked monthly by each wage earner.

Reverse:

- A. The revision date was changed on the face of the form to 5/05.
- B. In section 4, the second sentence, "PSNL CR" is an amount....." was deleted.
- C. In the first sentence of Section 7, the word "generally" was added between the words "section" and "refers".
- D. In Section 7, after the second sentence, the following 3 sentences were added:

The amount shown for "SUPPORT" in the "ACTUAL" column represents legally obligated child support payments made to a person who is not a member of the household. Because child support payments are treated as an income exclusion, rather than a deduction from net income, the support amount is included as part of Section 4, "ADDL EXCLUSIONS TOTAL" and part of the "ADDL EXCL" total shown in Section 5. The "SUPPORT" amount is not added to "TOTAL DEDUCTIONS" in sections 5 and 7.

LDSS-3960

Face:

- A. The revision date was changed on the face of the form to 5/05.
- B. The computer screen facsimile was updated to reflect the most current version as seen in WMS.
- C. The third sentence in the first paragraph below the screen facsimile was changed to read:

THE "#" FIELD IS THE NUMBER OF PERSONS IN YOUR HOUSEHOLD WHO RECEIVE FOOD STAMP BENEFITS

- D. The following information was added as the fourth sentence in the first paragraph below the computer screen facsimile:

IF THERE IS A NUMBER IN THE "P" FIELD, IT IS THE NUMBER OF INDIVIDUALS ENROLLED IN A "MEDICARE" APPROVED PRESCRIPTION DRUG DISCOUNT PROGRAM.

- E. The last 2 sentences in the paragraph below the screen facsimile were changed to read:

ALTHOUGH SECTIONS 1 AND 7 MAY SHOW IN THE 'ACTUAL' COLUMN AMOUNTS INDICATED BY YOU FOR THESE COSTS, THESE AMOUNTS ARE NOT CONSIDERED. THESE AMOUNTS WOULD HAVE BEEN USED IF YOUR GROSS COUNTABLE INCOME HAD BEEN UNDER THE LIMIT.

- F. In "Section 3," the following sentence was added as the last sentence in the beginning paragraph:

The "HRS # 1 2 3" shows the total hours worked monthly by each wage earner.

Reverse:

- A. The revision date was changed on the face of the form to 5/05.
- B. In Section 4, the second sentence, "PSNL CR" is an amount....." was deleted.
- C. Section 7, was changed to read:

The amount shown for "SUPPORT" in the "ACTUAL" column represents legally obligated child support payments made to a person who is not a member of the household. Because child support payments are treated as an income exclusion, rather than a deduction from net income, the support amount is included as part of Section 4, "ADDL EXCLUSIONS TOTAL" and part of the "ADDL EXCL" total shown in Section 5. The "SUPPORT" amount is not added to "TOTAL DEDUCTIONS" in section 7.

LDSS-3961

Face:

- A. The revision date on the face of the form was changed to 5/05.
- B. The computer screen facsimile was updated to reflect the most current version as seen in WMS.
- C. The third sentence in the first paragraph below the screen facsimile was changed to read:

THE "#" FIELD IS THE NUMBER OF PERSONS IN YOUR HOUSEHOLD WHO RECEIVE FOOD STAMP BENEFITS.

- D. The following information was added as the 2nd to last sentence in the first paragraph below the screen facsimile:

IF THERE IS A NUMBER IN THE "P" FIELD, IT IS THE NUMBER OF INDIVIDUALS ENROLLED IN A "MEDICARE" APPROVED PRESCRIPTION DRUG DISCOUNT" PROGRAM.

- E. In "Section 3," the following sentence was added as the last sentence in the beginning paragraph:

The "HRS # 1 2 3" shows the total hours worked monthly by each wage earner.

Reverse:

- A. The revision date on the face of the form was changed to 5/05.
- B. In section 4, the second sentence, "PSNL CR" is an amount....." was deleted.
- C. In the first sentence of Section 7, the word "generally" was added between the words "section" and "refers".
- D. In Section 7, after the second sentence, the following 3 sentences were added:

The amount shown for "SUPPORT" in the "ACTUAL" column represents legally obligated child support payments made to a person who is not a member of the household. Because child support payments are treated as an income exclusion, rather than a deduction from net income, the support amount is included as part of Section 4, "ADDL EXCLUSIONS TOTAL" and part of the "ADDL EXCL" total shown in Section 5. The "SUPPORT" amount is not added to "TOTAL DEDUCTIONS" in sections 5 and 7.

IV. Forms Information

We expect that the above referenced LDSS-3959, LDSS-3960 and LDSS-3961 will be printed and delivered to the Albany and NYC/HRA warehouses by the end of September 2005.

In order to ensure that usage of these revised forms begins within a reasonable amount of time, you may continue to use the previous 12/01 supplies until your stocks are depleted, or until December 2005, whichever occurs first. Reorders of these forms will be filled with 5/05 versions.

When those revised notices are received by the local districts, they **must immediately destroy** previous versions and replace them with the newly revised forms.

Additionally, for local district staff, electronic PDF versions of all of the above referenced in this INF can be accessed on the OTDA Intranet website at http://otda.state.nyenet/otda/ldss_eforms/default.htm

Any future requests for printed copies of the revised narratives should be submitted on OTDA-876 (Rev.6/98): "Request For Forms or Publications" form, and should be sent to:

Office of Temporary and Disability Assistance
Document Services
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, ext. 4-9522.

Issued By _____
Name: **Russell Sykes**
Title: **Deputy Commissioner**
Division/Office: **Division of Employment and Transitional Supports**

Section 4: Appearing in this section are special categories of monies which are excluded from income. "BRD/LDG" is the amount allowed as the cost of providing room and board (food) to the lodger(s) you reported receiving income from (shown in Section 3). "NEG-FRM" is an amount of business loss due to farming. The "SPONSOR" exclusion is allowed only to sponsored aliens whose sponsor's income is above a certain level.

Section 5: This is a summary of Sections 1, 2, 3, 4 and 7. "TOTAL INC" is Sections 2 and 3 added together "ADDL EXCL" is the amount from Section 4 and is subtracted from "TOTAL INC". These steps result in the "FS NET INC" which is the figure from which the monthly allotment is determined. "EXCESS INC" will show the amount by which you exceed the FS Net Income Limit.

Section 6: This section is completed only when the agency has determined that there has been an overpayment of benefits. The number under the "T" gives the reason for the overpayment.

"1" = Administrative Error

"2" = Inadvertent Household Error

"4" = Intentional Program Violation

"BALANCE" indicates the total amount to be recouped as of the effective date of this budget. You may hear further from the agency regarding the overpayment.

Section 7: This section generally refers to deductions allowed from income. If you pay for dependent care, that expense up to a monthly limit is allowed. Your actual cost will appear in the "ACTUAL" column, and the amount allowed in the budget calculation appears in the "ALLOW" column. Elderly and disabled persons may qualify to have medical costs (minus a \$35 deductible) subtracted from total income. The amount shown for "SUPPORT" in the "ACTUAL" column represents legally obligated child support payments made to a person who is not a member of the household. Because child support payments are treated as an income exclusion, rather than a deduction from net income, the support amount is included as part of Section 4, "ADDL EXCLUSIONS TOTAL" and part of the "ADDL EXCL" total shown in Section 5. The "SUPPORT" amount is not added to "TOTAL DEDUCTIONS" in sections 5 and 7. If you have earned income (Section 3), 20% of the total amount is deducted. Every household receives a standard deduction. If your total shelter cost (Section 1) is more than half of your income after all other deductions are subtracted, you will receive an excess shelter deduction ("EXC SHEL").

Section 8: The "EFFECTIVE DATE" that your food stamp benefits case was determined ineligible will appear in this section.

FOOD STAMP BENEFITS EXCESS GROSS INCOME NARRATIVE

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

WBGTF5	** FS BUDGET **	VERSION	DIST	/	/	/
CASE NAME	CASE NO.	OFC UNIT	WRKR	TT	SD	CT CE
X	SCRATCHPAD		X			# SH AD IT P

I/TY	ACTUAL	ALLOW	UNEARNED INCOME				EARNED INCOME				***** ADDL *****	
			LN	SRC	FRQ	AMOUNT	LN	SRC	FRQ	AMOUNT	** EXCLUSIONS **	**
SHELT	0	0				0					BRD/LDG	0
WATER	0	0				0					NEG-FRM	0
HT/AC	0	0				0					PSNL CR	0
DISP	1	0			2	0				3	TOTAL	0
UTIL	0	0				0			HRS #	1	2	3
PHONE	0	0		PA		0					TOTAL	0
OTHER	0	0		PA		0						0
TOTAL SHELT		0		TOTAL		0						

\$\$\$ FS ALLOTMENT \$\$\$	T	***** CLAIMS *****				***** DEDUCTIONS *****			
		DISQ	BALANCE	AMOUNT	MO	REM	ACTUAL	ALLOW	
TOTAL INC	0						DEP CARE	0	0
ADDL EXCL	0						DEP CARE	0	0
GR CNT INC	5						DEP CARE	0	0
GR INC LIM	0		RECALC	6			MEDICAL	0	0
EXCESS INC	0						SUPPORT	0	0
**** BENEFIT ****	0						20% EARNED		0
MONTHLY	0						STANDARD		0
							EXC SHELT	0	0
							TOTAL DEDUCTIONS		0
							TA VERSION NO.		0

** EFFECTIVE DATE **		8
TO	DATE STORED / /	

THE SAMPLE FOOD STAMP BENEFITS BUDGET WORKSHEET ABOVE SHOWS IN BRIEF HOW FINANCIAL DATA HAS BEEN USED TO CALCULATE YOUR FOOD STAMP BENEFITS ELIGIBILITY. THE TOP SECTION CONTAINS LOCAL DISTRICT INFORMATION WHICH IDENTIFIES THIS AS A FOOD STAMP BENEFITS BUDGET FOR A SPECIFIC HOUSEHOLD (CASE NAME). THE “#” FIELD IS THE NUMBER OF PERSONS IN YOUR HOUSEHOLD WHO RECEIVE FOOD STAMP BENEFITS. IF THERE IS A NUMBER IN THE “P” FIELD, IT IS THE NUMBER OF INDIVIDUALS ENROLLED IN A “MEDICARE” APPROVED PRESCRIPTION DRUG DISCOUNT” PROGRAM. ALL ENTRIES ARE PER MONTH. THE LAST TWO NUMBERS OF ANY AMOUNT ARE CENTS. SINCE YOUR CASE HAS BEEN DENIED (OR TERMINATED) BECAUSE YOUR GROSS COUNTABLE INCOME EXCEEDS THE AMOUNT ALLOWED, ONLY SECTIONS 2, 3, 4, 5, AND 8 APPLY. ALTHOUGH SECTIONS 1 AND 7 MAY SHOW IN THE ‘ACTUAL’ COLUMN AMOUNTS INDICATED BY YOU FOR THESE COSTS, THESE AMOUNTS ARE NOT CONSIDERED. THESE AMOUNTS WOULD HAVE BEEN USED IF YOUR GROSS COUNTABLE INCOME HAD BEEN UNDER THE LIMIT.

Section 1: Not applicable.

Section 2: Recorded and totaled in this section is any income you reported that is received from a source other than a job. Some examples are a Social Security benefit, Unemployment Insurance, a Temporary Assistance Grant, the net amount of rental income for property you manage **less** than twenty hours per week. In the “SRC” column is a code number for the source of the income which appears in the amount column. The number in “LN” refers to the person in the case who has the unearned income.

Section 3: Recorded and totaled in this section is any income you reported that is received from a job or through self-employment. For self-employment income, the allowable costs of doing business are subtracted prior to being recorded on the budget. Included in the self-employment income is rental income for property which you manage **more** than twenty hours per week. In the “SRC” column is a code number for the source of that income that appears in the amount column. If the number “45” appears under “SRC”, the amount that your boarder or lodger pays you is listed under “AMOUNT”. The number in “LN” refers to the person in the case who has the earned income. The "HRS # 1 2 3" shows the total hours worked monthly by each wage earner.

Income Exclusions: Some money you receive is not counted as income. Some examples are: Lump Sum Payments (such as income tax refunds); certain parts of your educational grants or loans; and the part of your rental income that you use to pay Costs of Doing Business (such as paying for tenants’ heat). CONTACT YOUR WORKER IF YOU HAVE ANY QUESTIONS.

Section 4: Appearing in this section are special categories of monies which are excluded from income. "BRD/LDG" is the amount allowed as the cost of providing room and board (food) to the lodger(s) you reported receiving income from (shown in Section 3). "NEG-FRM" is an amount of business loss due to farming. The "SPONSOR" exclusion is allowed only to sponsored aliens whose sponsor's income is above a certain level.

Section 5: This is a summary of Sections 2, 3, and 4. "TOTAL INC" is the sum of Section 2 and 3. "ADDL EXCL" is the amount from Section 4 and is subtracted from "TOTAL INC" to get your gross countable income ("GR CNT INC"). "GR INC LIM" is the maximum gross countable income that you can receive and still be eligible for food stamps. Since your countable income is greater than this amount, your household is not eligible to receive for food stamp benefit. "EXCESS INC" will show the amount, by which you exceed the gross countable income limit.

Section 6: This section is completed only when the agency has determined that there has been an overpayment of benefits. The number under the "T" gives the reason for the overpayment.

"1" = Administrative Error

"2" = Inadvertent Household Error

"4" = Intentional Program Violation

"BALANCE" indicates the total amount to be recouped as of the effective date of this budget. You may hear further from the agency regarding the overpayment.

Section 7: The amount shown for "SUPPORT" in the "ACTUAL" column represents legally obligated child support payments made to a person who is not a member of the household. Because child support payments are treated as an income exclusion, rather than a deduction from net income, the support amount is included as part of Section 4, "ADDL EXCLUSIONS TOTAL" and part of the "ADDL EXCL" total shown in Section 5. The "SUPPORT" amount is not added to "TOTAL DEDUCTIONS" in section 7.

Section 8: The "EFFECTIVE DATE" that your food stamps benefits case was determined ineligible will appear in this section.

FOOD STAMP BENEFITS BUDGET NARRATIVE

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

WBGTF5		** FS BUDGET **		VERSION				DIST				/ /			
CASE NAME		CASE NO.		OFC UNIT		WRKR		TT SD CT CE		# SH AD IT P					
I/TY	ACTUAL	ALLOW	UNEARNED INCOME				EARNED INCOME				***** ADDL *****				
			LN	SRC	FRQ	AMOUNT	LN	SRC	FRQ	AMOUNT	** EXCLUSIONS **				
SHELT	0	0				0				0	BRD/LDG			0	
WATER	0	0				0				0	NEG-FRM			0	
HT/AC	0	1 0			2	0				0	PSNL CR		4	0	
DISP	0	0				0			3	0	SPONSOR			0	
UTIL	0	0				0	HRS #	1	2	3	TOTAL			0	
PHONE	0	0		PA		0									
OTHER	0	0		PA		0									
TOTAL SHELT		0		TOTAL		0									
												***** DEDUCTIONS *****			
\$\$ FS ALLOTMENT \$\$			***** CLAIMS *****								ACTUAL		ALLOW		
TOTAL INC	0	T	DISQ	BALANCE	AMOUNT	MO	REM	DEP CARE	0		0		0		
ADDL EXCL	0			0	0		0	DEP CARE	0		0	7	0		
TOTAL DED	5 0		6	0	0			DEP CARE	0		0		0		
FS NET INC	0							MEDICAL	0		0		0		
CLAIM AMT	0		RECALC					SUPPORT	0		0		0		
\$\$\$\$ BENEFIT \$\$\$\$\$			** EFFECTIVE DATE **												
MONTHLY	0			/ /	TO	/ /	8	20% EARNED					0		
1 ST MONTHLY	0			DATE STORED	/ /			STANDARD					0		
								EXC SHELT	0		0		0		
								TOTAL DEDUCTIONS			0		0		
								TA VERSION NO.					0		

THE SAMPLE FOOD STAMP BENEFITS BUDGET WORKSHEET ABOVE SHOWS IN BRIEF HOW FINANCIAL DATA HAS BEEN USED TO CALCULATE YOUR FOOD STAMP BENEFITS NET INCOME. ALL ENTRIES ARE PER MONTH. THE TOP SECTION CONTAINS LOCAL DISTRICT INFORMATION WHICH IDENTIFIES THIS AS A FOOD STAMP BENEFITS BUDGET FOR A SPECIFIC HOUSEHOLD (CASE NAME). THE “#” FIELD IS THE NUMBER OF PERSONS IN YOUR HOUSEHOLD WHO RECEIVE FOOD STAMP BENEFITS. . IF THERE IS A NUMBER IN THE “P” FIELD, IT IS THE NUMBER OF INDIVIDUALS ENROLLED IN A “MEDICARE APPROVED PRESCRIPTION DRUG DISCOUNT” PROGRAM. THE LAST TWO NUMBERS OF ANY AMOUNT ARE CENTS.

Section 1: This is a summary of housing expenses. In the “ACTUAL” column is the amount of rent, heating bills, etc, which was reported as the amount you must pay. In the “ALLOW” column is the amount which is being used to calculate the budget. In some cases, the amount we allow is different than the actual amounts because we may use a standard amount based on your living situation.

Section 2: Recorded and totaled in this section is any income you reported that is received from a source other than a job. Some examples are a Social Security benefit, Unemployment Insurance, a Temporary Assistance Grant, the net amount of rental income for property you manage **less** than twenty hours per week. In the “SRC” column is a code number for the source of the income which appears in the amount column. The number in “LN” refers to the person in the case who has the unearned income.

Section 3: Recorded and totaled in this section is any income you reported that is received from a job or through self-employment. For self-employment income, the allowable costs of doing business are subtracted prior to being recorded on the budget. Included in the self-employment income is rental income for property which you manage **more** than twenty hours per week. In the “SRC” column is a code number for the source of that income that appears in the amount column. If the number “45” appears under “SRC”, the amount that your boarder or lodger pays you is listed under “AMOUNT”. The number in “LN” refers to the person in the case who has the earned income. The “HRS # 1 2 3” shows the total hours worked monthly by each wage earner.

Income Exclusions: Some money you receive is not counted as income. Some examples are: Lump Sum Payments (such as income tax refunds); certain parts of your educational grants or loans; and the part of your rental income that you use to pay Costs of Doing Business (such as paying for tenants’ heat). **CONTACT YOUR WORKER IF YOU HAVE ANY QUESTIONS.**

Section 4: Appearing in this section are special categories of monies which are excluded from income. "BRD/LDG" is the amount allowed as the cost of providing room and board (food) to the lodger(s) you reported receiving income from (shown in Section 3). "NEG-FRM" is an amount of business loss due to farming. The "SPONSOR" exclusion is allowed only to sponsored aliens whose sponsor's income is above a certain level.

Section 5: This is a summary of Sections 1, 2, 3, 4, 6 and 7. "TOTAL INC" is Section 2 and 3 added together "ADDL EXCL" is the amount from Section 4 and is subtracted from "TOTAL INC". These steps result in the "FS NET INC" which is the figure from which the monthly allotment is determined. "CLAIM AMT" is the amount from Section 6 being recouped from this month's benefits. The "1st month" entry will appear only on budgets for recent applicants.

Section 6: This section is completed only when the agency has determined that there has been an overpayment of benefits. The number under the "T" gives the reason for the overpayment.

"1" = Administrative Error

"2" = Inadvertent Household Error

"4" = Intentional Program Violation

"BALANCE" indicates the total amount to be recouped as of the effective date of this budget. "AMOUNT" is the monthly amount being recouped for that claim. "MO" is the number of months this amount will be recouped. "REM" is any remaining amount that will be recouped after that number of months. Only information appearing in the first line of this section is affecting your present food stamp benefits. Information appearing in the second line is not affecting your food stamp benefits now but may in the future.

Section 7: This section generally refers to deductions allowed from income. If you pay for dependent care, those expenses, up to a monthly limit, are allowed. Your actual cost will appear in the "ACTUAL" column, and the amount allowed in the budget calculation appears in the "ALLOW" column. Elderly and disabled persons may qualify to have medical costs (minus a \$35 deductible) subtracted from total income. The amount shown for "SUPPORT" in the "ACTUAL" column represents legally obligated child support payments made to a person who is not a member of the household. Because child support payments are treated as income exclusion, rather than a deduction from net income, the support amount is included as part of Section 4, "ADDL EXCLUSIONS TOTAL" and part of the "ADDL EXCL" total shown in Section 5. The "SUPPORT" amount is not added to "TOTAL DEDUCTIONS" in sections 5 and 7. If you have earned income (Section 3), 20% of the total amount is deducted. Every household receives a standard deduction. If your total shelter cost (Section 1) is more than half of your income after all other deductions are subtracted, you will receive an excess shelter deduction ("EXC SHELTY").

Section 8: The "EFFECTIVE DATE" represents the dates this budget is valid (not necessarily your certification period).